

# Work Order ID 110724

January-07-14 3:01:39 PM

**\*110724\***

Page 1

Item ID: D2893-1

Revision ID:

Item Name: Support

Start Date: 1/07/14

Start Qty: 12.00

**\*12\***

Required Date: 1/07/14

Req'd Qty: 12.00

**\*12\***

Reference:

Approvals:

Process Plan:

MP MLS

Date: 14/01/08

QC:

Date:

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Stop

**\*NS2\***

Cust Item ID:

Customer:

Run

Start

**\*NR1\***

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D2893

C

100

0.00

**\*100\***

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine as per Folio FA081  
2-Deburr

110

0.00

**\*110\***

QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

120

0.00

**\*120\***

QC8- Inspect parts - second check

QC

Memo

0.00

Quality Control

FB 14/03/06

12

0

DR 14-05-05  
JFC 2014-03-08

FB 14/03/06

12

0

12

SL 14-3-11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 110724

January-07-14 3:01:39 PM

**\*110724\***

Page 2

Item ID: D2893-1

Revision ID:

Item Name: Support

Start Date: 1/07/14 Start Qty: 12.00

Required Date: 1/07/14 Req'd Qty: 12.00

Reference:

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Stop **\*NS2\***

Cust Item ID:

Customer:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

0.00

**\*130\***

0.00

HandFXtube

Memo

Hand Finishing Crosstubes

Per note 8 on page 1 of dwg D2893, Prep inner concave surface of support and apply 3M Scotch-Weld as per dwg. 24h of cure time.

12 0 0 ~~11~~  
14-3-13

140

0.00

**\*140\***

0.00

QC

Memo

Quality Control

QC3- Inspect Part Finish

DAS  
16  
9-89

14/03/14

(12) \_\_\_\_\_

170

0.00

**\*170\***

0.00

Packaging

Memo

Packaging

Identify as per dwg & Stock Location: LG52

12 0 0 ~~11~~  
14-3-14

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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**Work Order ID 110724**

January-07-14 3:01:39 PM

**\*110724\***

Page 3

Item ID: D2893-1

Revision ID:

Item Name: Support

Start Date: 1/07/14 Start Qty: 12.00

Required Date: 1/07/14 Req'd Qty: 12.00

Reference:

Accept

**\*N900040100\***Setup Start **\*NS1\***Stop **\*NS2\***

Cust Item ID:

Customer:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
Description

180

QC21- Final Inspection - Work Order Release

**\*180\***

QC

Quality Control

Memo

Set Up/  
Run Hours

0.00

0.00

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

ML5 14-03-17

④ 14-03-14

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Picklist Print

January-07-14 3:01:38 PM

Page 1

Work Order ID: 110724

Parent Item: D2893-1

Parent Item Name: Support

Start Date: 1/07/14

Required Date: 1/07/14

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: C02.11.26Reformat; Added P/OKJ  
 IPP D 06.04.19 removed alodine EC  
 IPP Rev:E Added priming as per Rev B 07-04-30 JLM  
 IPP F 08.03.19 Re-format EC verified by: DD  
 IPP Rev:G 08-05-15 add QC14 DD verified by:EC  
 rev.C DD verf:EC

IPP Rev:H 11.08.04 as per dwg

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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DSK078		Manufactured	No			100	Each	14.0000	0.5	6.3157896			
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D2893-1 Turning Detail

Location

Loc Qty

Loc Code

MAT060

14

108383

4

109148

10

111540

111712

3

3

F.K. 14/03/03

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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<b>DART AEROSPACE LTD</b>		<b>Work Order:</b> 110724
<b>Description: Ø2.750 Support</b>		<b>Part Number:</b> D2893-1
<b>Inspection Dwg: D2893</b>		<b>Rev: C</b>
		<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
<b>HAAS Section</b>								
AA	2.985	3.005		2.997	2.998	3.000	2.999	2.998
AB	0.440	0.460		.450	.450	.450	.450	.450
AC	0.125	0.160		.137	.129	.129	.129	.128
AD	0.040	0.060		.050	.050	.050	.050	.050
AE	0.188	0.193		.190	.190	.190	.190	.190
AF	0.125	0.160		.138	.142	.142	.142	.142
AG	0.140	0.160		.142	.142	.143	.142	.142
AH	1.360	1.400		1.371	1.373	1.374	1.374	1.377
AI	0.040	0.060		.056	.053	.054	.053	.053
AJ	1.190	1.230		1.214	1.212	1.215	1.215	1.217
AK	0.010	0.020		.015	.015	.015	.015	.015
AL	0.053	0.073		.063	.063	.063	.063	.063
AM	0.240	0.260		.250	.250	.250	.250	.250
AN	2.518	2.538		2.538	2.538	2.538	2.538	2.538
AO	84.39	90.39		87.39	87.39	87.39	87.39	87.39
AP	0.261	0.266		.261	.261	.261	.261	.261
AQ	0.053	0.073		.063	.063	.063	.063	.063
AR								
AS								
AT								
<b>Accept/Reject</b>								

<b>Measured by:</b> FK	<b>Date:</b> 14/03/06
<b>Audited by:</b> JL	<b>Date:</b> 14-3-11
<b>Preliminary Approval:</b>	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
B	07.05.08	Dimension AP revised	KJ/JLM	
C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b> 110724
<b>Description:</b> Ø2.750 Support		<b>Part Number:</b> D2893-1
<b>Inspection Dwg:</b> D2893	<b>Rev:</b> C	<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	6	7	8	9	10
HAAS Section								
AA	2.985	3.005		2.998	2.998	2.998	2.995	2.995
AB	0.440	0.460		.450	.450	.450	0.450	0.450
AC	0.125	0.160		.129	.128	.128	0.128	0.132
AD	0.040	0.060		.050	.050	.050	0.050	.050
AE	0.188	0.193		.190	.190	.190	0.190	.190
AF	0.125	0.160		.143	.143	.142	.143	.142
AG	0.140	0.160		.145	.144	.143	.145	.147
AH	1.360	1.400		1.377	1.373	1.375	1.377	1.375
AI	0.040	0.060		.055	.052	.053	.049	.050
AJ	1.190	1.230		1.218	1.214	1.216	1.215	1.214
AK	0.010	0.020		.015	.015	.015	0.015	.015
AL	0.053	0.073		.063	.063	.063	0.063	.063
AM	0.240	0.260		.250	.250	.250	.250	.250
AN	2.518	2.538		2.538	2.538	2.538	2.538	2.538
AO	84.39	90.39		87.39	87.39	87.39	87.39	87.39
AP	0.261	0.266		.261	.261	.261	.261	.261
AQ	0.053	0.073		.063	.063	.063	.063	.063
AR								
AS								
AT								
Accept/Reject								

Measured by: FK JFC Date: 14/03/07 2014-03-08

Audited by: SL Date: 14-3-11

Preliminary Approval: Date:

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
B	07.05.08	Dimension AP revised	KJ/JLM	
C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	

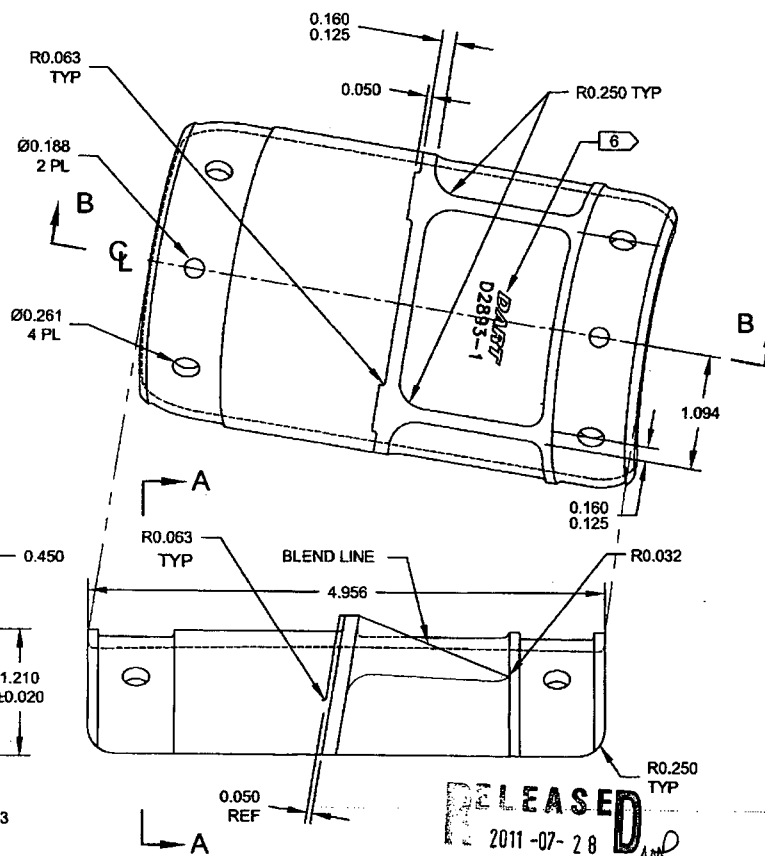
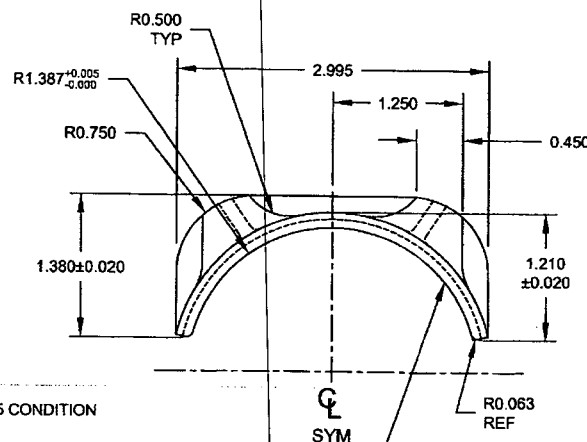
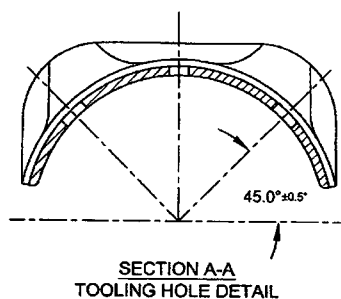
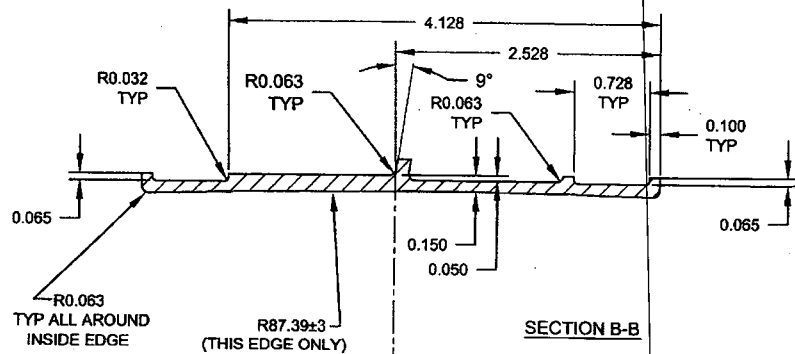
<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	110724
<b>Description: Ø2.750 Support</b>		<b>Part Number:</b>	D2893-1
<b>Inspection Dwg: D2893</b>		<b>Rev: C</b>	<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	11	12	3	4	5
HAAS Section								
AA	2.985	3.005		2.995	2.996			
AB	0.440	0.460		.450	.450			
AC	0.125	0.160		.135	.130			
AD	0.040	0.060		.050	.050			
AE	0.188	0.193		.190	.190			
AF	0.125	0.160		.139	.137			
AG	0.140	0.160		.147	.147			
AH	1.360	1.400		1.374	1.377			
AI	0.040	0.060		.050	.050			
AJ	1.190	1.230		1.214	1.216			
AK	0.010	0.020		.015	.015			
AL	0.053	0.073		.063	.063			
AM	0.240	0.260		.250	.250			
AN	2.518	2.538		2.538	2.538			
AO	84.39	90.39		87.39	87.39			
AP	0.261	0.266		.261	.261			
AQ	0.053	0.073		.063	.063			
AR								
AS								
AT								
Accept/Reject								

<b>Measured by:</b> JFC	<b>Date:</b> 2014-03-08
<b>Audited by:</b> SK	<b>Date:</b> 14-3-11
<b>Preliminary Approval:</b>	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
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C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	



#### NOTES:

- 1) MATERIAL: 17-4 PH STAINLESS STEEL, H900 OR H925 CONDITION  
MIN UTS = 170 KSI (38 HRC)  
(REF DART SPEC. D6104)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 (REF X.XXX = ±0.010) UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: DART LOGO (PER DART SUPPLIED GRAPHIC) AND PART NUMBER IN THIS AREA WITH 0.125 HIGH LETTERING 0.010-0.020 DEEP, PER DART QSI 044 6.3.
- 7) WEIGHT: 0.78 lb
- 8) FOR THE ENTIRE INNER CONCAVE SURFACE:  
ABRADE SURFACE WITH 400-GRIT SANDPAPER. REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY 0.03" TO 0.05" THICK LAYER OF 3M SCOTCH-WELD 2216 B/A ADHESIVE TO MATING SURFACE OF SUPPORT. ALLOW TO CURE FOR 24 HOURS.

#### D2893-1 SUPPORT

C	RMV FINISH, ADD 3M 2216, ADD H925 MAT'L OPTION	CP	11.07.15
B	UPDATE DIMS AS MFG, PRIME INSIDE	PH	07.03.16
A	NEW ISSUE	CP	01.01.10
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.07.15		

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D2893  
REV. C  
SHEET 1 OF 1

TITLE 02.750 SUPPORT  
SCALE NTS

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110724 MP  
14/01/2014